

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SEARCH NO.

09/436,461

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1				
4	3		1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
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TOTAL IND.	1		1			
TOTAL DEP.	3	←	7	←	←	←
TOTAL CLAIMS	10	████████	8	████████	████████	████████

	*	*	*	*
	IND.	DEP.	IND.	DEP.
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100				
TOTAL IND.		←		
TOTAL DEP.		←	←	←
TOTAL CLAIMS		████████	████████	████████

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS